



Health insurance

Plan comparison form

If you are in the market for health insurance, use this form to compare health insurance plans.

I. Plan costs

Option 1:

Option 2:

Monthly premium amount		\$_____ per _____	\$_____ per _____
How much is the annual deductible?	Hospital visits:	\$_____ per _____	\$_____ per _____
	Medical care:	\$_____ per _____	\$_____ per _____
	Prescriptions:	\$_____ to \$ _____	\$_____ to \$ _____
	Total:	\$_____	\$_____
How much is your copay or coinsurance?	Office visits:	\$_____ per _____	\$_____ per _____
	Hospital visits:	\$_____ per _____	\$_____ per _____
	Prescriptions:	\$_____ per _____	\$_____ per _____
	Total yearly estimated costs:	\$_____	\$_____
Prescription drug costs	Are prescriptions covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the plan cover your prescriptions? (Find out by checking online or by calling the company)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	My total yearly estimated costs:	\$_____	\$_____
	What is the yearly limit on my out-of-pocket costs? (Does it include the deductible?)	\$_____	\$_____

2. Things to consider

Do I have to take a health questionnaire to get the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do ALL my providers (doctors, hospitals, specialists, pharmacies, etc.) take this plan? (Look on the company's web site or call)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can I choose my providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do I need referrals for specialists?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this plan accept provider billing or do I have to pay upfront and get the plan to reimburse me?	<input type="checkbox"/> Accept <input type="checkbox"/> Pay up front	<input type="checkbox"/> Accept <input type="checkbox"/> Pay up front
If I have a pre-existing condition, how long will I have to wait for coverage?		

3. Coverage

<p>This plan covers these services (Covered services):</p> <p>Note: Include coverage for any family members. Check for services you and your family use now or plan to use, including prescriptions, maternity, etc.</p>		
<p>This plan does NOT cover these services (Excluded services):</p> <p>Note: Include coverage for any family members. Check for services you and your family use now or plan to use, including prescriptions, maternity, etc.</p>		

3. Coverage (continued)

Are there limits on the number of visits for types of care?

☐ Yes

☐ No

☐ Yes

☐ No

4. Other considerations

If I travel, does this plan cover care outside my local area?

☐ Yes

☐ No

☐ Yes

☐ No

Does this plan coordinate benefits with other health plans?

☐ Yes

☐ No

☐ Yes

☐ No

Is this insurance plan authorized to do business in Washington state? (To find out, call the Insurance Consumer Hotline at 1-800-562-6900)

☐ Yes

☐ No

☐ Yes

☐ No

Does the company have a high number of consumer complaints?

☐ Yes

☐ No

☐ Yes

☐ No

***For Medicare clients only**

Is the plan's drug coverage as good as Medicare Part D?
(Check one)

☐ Yes

☐ No

☐ Yes

☐ No

☐ N/A - Plan is Part D or Medicare Advantage and includes Part D

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* To compare two or more Medicare Advantage plans or two or more Medicare Part D plans, or to get information about comparing a Part D plan with your current health care plan, go to: www.medicare.gov/mpdpf

Questions?

Call our Insurance Consumer Hotline at

1-800-562-6900

www.insurance.wa.gov

5. Your notes

